

that it is not in order to cast reflections on the Senate.

RITALIN AND THE ROLE IT PLAYS IN THE LIVES OF STUDENTS IN NORTHEAST OHIO

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Ohio (Mrs. JONES) is recognized for 5 minutes.

Mrs. JONES of Ohio. Mr. Speaker, my colleague, the gentleman from California (Mr. OSE), I am glad to see the gentleman standing up there. He looks wonderful.

Mr. Speaker, I rise today in this great Chamber to talk about a report recently aired on my local NBC affiliate, News Channel 3. The report highlighted ritalin and the role this drug now plays in the lives of students in northeast Ohio. The report raised such concern that the gentleman from Ohio (Mr. KUCINICH) and I met with Department of Education officials today to direct their attention to this problem and request an investigation into the indiscriminate promotion and use of this drug and the potential harmful effects.

The gentleman from Ohio (Mr. KUCINICH) and I believe the decision to prescribe ritalin to a child should rest with that child's physician and their parents.

Oftentimes, ritalin is prescribed to address attention deficit disorder or attention deficit hyperactivity disorder. It is widely accepted as the remedy of choice for people who suffer from this brain disorder. Unfortunately, the medical community has not been able to develop a definitive test to properly diagnose ADD or ADHD related behavior. This oftentimes leads to a misdiagnosis.

The report has highlighted many examples. One, for example, is of Pam Edwards whose son Romeal attended a Catholic school in my district and was instructed to have her son use ritalin to address his behavior problem. In the alternative, her son would not be allowed to return to the school the next year if she did not. She refused to put him on this drug because she knew the root of her son's problems resulted from outside factors instead of an ill-diagnosed case of ADD.

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I am happy to report that Romeal is doing fine in a new school and he did not need Ritalin. This is a success story, but there are many more Romeals out there whose parents might not have the insight to seek alternatives to Ritalin.

ADD or ADHD is a multiple symptom disorder coupled with the fact that many children exhibit a wide range of behavior that might be attributed to ADD or ADHD. In actuality it may or may not be that. Kids in fact will be kids.

ADD or ADHD is defined as a persistent pattern of inattention or hyper-

activity that occurs at four times more frequently in boys than girls.

When a person has been properly diagnosed with ADD or ADHD and Ritalin is prescribed, it has a remarkable track record of success. Oftentimes the drug is viewed as a godsend by parents and teachers alike because its effect is dramatic once prescribed to people who are hyperactive or easily distracted as a way to focus their minds, calm down and improve their attention spans.

Recently, at the urging of the National Institutes of Health, medical experts from around the country convened a panel discussion with doctors to address how Ritalin is being used in our society.

The use of Ritalin is not only a medical concern but it also is a big business. 1.3 million children take Ritalin regularly and sales of the drug topped \$350 million in 1995.

According to the Drug Enforcement Administration, the number of prescriptions for this drug has increased by over 600 percent in the last 5 years. To address this concern, manufacturers sent letters to doctors and pharmacists warning them to exert greater control over the drug.

No, I am not pointing fingers at the teachers or administrators because I know that they are one of America's greatest treasures. I am not pointing fingers at doctors or psychologists, but there appears to be a trend in my district, and I would guess the 11th Congressional District of Ohio is not unique in the use of Ritalin for behavioral purposes.

Nearly half a million prescriptions were written for controlled substances like Ritalin in 1995 for children between the ages of 3 and 6. The percentage of children with an ADHD diagnosis has jumped from 55 percent in 1989 to 75 percent in 1996. ADHD is estimated to affect 3 percent to 5 percent of children aged 5 to 14 years old, or about 1.9 million youngsters. About 10 million prescriptions were written in 1996. According to the IMS Health Association, 13.9 million prescriptions of stimulants, including Ritalin, were dispensed to children during the last school year, an 81.2 percent increase from 7.7 million 5 years earlier.

There is not a set guideline for diagnosing ADD or ADHD. No studies have been conducted in children younger than 4 years. For example, in Chicago, one of the ways that they have begun to deal with the issue is a public school system will address ADHD by offering teaching techniques.

Mr. Speaker, I thank the gentleman from Ohio (Mr. KUCINICH) for assisting me and supporting me in this effort.

IMPORTANT ISSUES FACING THE NATION

The SPEAKER pro tempore (Mr. OSE). Under the Speaker's announced policy of January 6, 1999, the gentleman from Tennessee (Mr. DUNCAN) is recognized for 60 minutes.

ON RITALIN PRESCRIPTIONS

Mr. DUNCAN. Mr. Speaker, before I begin with the comments that I came to make tonight, I would like to say that I think the previous speaker has pointed out some very important things about the prescriptions of Ritalin in this country. I remember a few months ago reading in the Knoxville News-Sentinel that a retired DEA official, in fact I think he was second in command of the DEA at one time who now has retired to east Tennessee, he wrote an article pointing out that our medical community was prescribing Ritalin at over six times the rate of any other industrialized nation. I think there is a serious question as to whether or not that very serious drug, that very serious controlled substance has been overprescribed in this country, and I think we need to be very, very careful with that and make sure that it is not being used in cases where particularly small children and particularly small boys might simply be a little more active or rambunctious than some others. I do raise that cautionary note.

ADMINISTRATION PROPOSED SPENDING

Mr. DUNCAN. Mr. Speaker, I would also like to comment about the last comments of the gentleman from Arizona (Mr. HAYWORTH) who mentioned the some 80 new programs that the President proposed in his State of the Union address. The National Taxpayers Union put out a report saying that those programs if all were enacted would cost us \$288.4 billion in the first year. Newsweek had an even more interesting table a few weeks ago and had a chart which showed that if we enacted all of those programs that the President proposed, that it would lead to a \$2.3 trillion shortfall in the first 15 years. We have a good economy now but if we do something like that and allow at least a \$2.3 trillion shortfall to accumulate over these next 15 years, we could not pay the Medicare bills, we could not pay the Social Security bills, we could not do many of the most important things that the people of this country want us to do.

I rise though, Mr. Speaker, today to speak on several unrelated but very important issues facing this Nation right at this time. First, we are bombing Iraq and sending troops to Kosovo without votes by the Congress to do so. We still have troops in Bosnia in 1999 even though the President originally promised that they would stay in Bosnia no longer than the end of 1996. Yes, 1996. A few years ago, as I have mentioned before on this floor, the front page of the Washington Post had a story reporting that our troops in Haiti were picking up garbage and settling domestic disputes. Then about a year ago, I heard another Member of this body say that we had our troops in Bosnia, among other things, giving rabies shots to dogs. Certainly none of us have anything against the Haitians or the Bosnians. We want to try to help them, but I believe, Mr. Speaker, that